PTC/SB06 (03-03)
Approved for use through 7/3 1/2009. OMB 0651-0032
U.S. Peteril and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no personal are required to respond to a collection of information unities it displays a visit OMS control number. ONTENT ADDITION SEE DETERMINATION RECORD Application of Section Action and Control number.											
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Occles Number Substitute for Form PTO-875											320
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE	نسا	RATE	ÆE	
BASIC FEE D7 GFR 1.46(4) :							35	OR	L	<u></u> _	
10	CFR 1.18(d)	8	minus 20				1.25.	0	CR	× ••	
DIDEPENDENT CLASS 3			minus 3		(')		x = 100.	0	OR	x *•	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(4))							+.160.	0	OR	+1	
"If the difference in column 1 is less than zero, enter "U" in column 2.							TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II											
16	10/19/05 (Column 1)			(Column 2)	(Calumn 3)	_	SMALL	ENTITY	OR	OTHER SMALL	
٧		. CLAIMS REMANING AFTER . AMERICAMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ACCI- TICHAL FEE		RATE	ADOI- TIONAL FEE
SAE!	Total cr crs U444	20	Minus	- 20	• 0		x 25.	0	OR	x 9	
AMENDMENT	Interpretabile OF O'R UMBB	. 6	Minds	- 3	•3		× 100 .	300	OR	× 4=	
MA	FREST PRESENTATION OF MULTIPLE DEPONDER CLAM GT OFR 1.99/D						+3 8	0	OR	+8=	
-	1. /						TOTAL ADDL FEE	300	OR	TOTAL ADOL FEE	
	11/102	m 4) '		(Calumn 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•			
7	14 110	(Column 1) CLAIMS		HIGHEST	(Column 3)	Ĺ			/ .		4004
8		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADD!		RATE	ADOI- TIONAL
		AMENOMENT	<u> </u>	PAID FOR			3	FEE			FEE
Σ	Total crons unspa	20	Minus	20	• 0		ich.	1.1	OR	×3	
AMEND	CF CFR LINES	6	Minus	-6	•		x PED V	477	'OR	ו	
FRIST PRESENTATION OF MALTIPLE DEPONDER CLAIM GP CFR 1.1840						:	.160/		OR	+1=	
•							ADOLFEE		OR	ADDIL FEE	
(Column 1) (Column 2) (Column 3)											
ST C:	C-29-06	CLAIMS REMANING AFTER AMBROMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	/	RATE	ADDI- TIONAL . FEE	l	RATE	ADDI- TIONAL FEE
MENT	Total profit Lieps	- 24	Minus	2 0	4		<u> </u>	10 O	OR	X 8	
ENDI	Independent par cris Lingue	. ~	Minus	- (• 0		x 8=		OR	X 8	
A		ATION OF MULTIPLE	EDEPONE	OFF CLASS (FT CF	R 1.18(4)		+8=	·	OR	+ 3	•
							TOTAL ADOL FEE	roond	OR	TOTAL ADDL FEE	
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. — If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.